## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10-585,637

| <u> </u>   |  |   |  |                       |                                | 70                                       |     |                           | <u></u>                |     |                                       |                        |
|--|--|---|--|-----------------------|--------------------------------|--|-----|---------------------------|------------------------|-----|---------------------------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |   |  |                       |                                |  |     | MALL ENTI                 | ITY                    | OR  | OTHER SMALL E                         |                        |
|  | MATION   | \TA 05 5555                               | (Column  | 1)                    | ((                             | (Column 2)                               |     | ī                         | <u> </u>               | 1   | · · · · · · · · · · · · · · · · · · · |                        |
| -  | . NATIONAL S                                   | TAGE FEES                                 |  |                       |                                |  |     | RATE                      | FEE                    |     | RATE                                  | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT. =   |                       | LARGE ENT. = \$ 300            |  | BAS | SIC FEE                   |                        | OR  | BASIC FEE                             | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                       |                                | All other situations = \$ 100 / \$ 200   |     | AM. FEE                   |                        |     | EXAM. FEE                             | 200                    |
| SEA  | RCH FEE  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                       |                                | ALL other situations = \$ 250 / \$ 500   |     | ARCH FEE                  |                        | -   | SEARCH FEE                            | 400                    |
| FEE  | FOR EXTRA S                                    | PEC. PGS.                                 | minus 100 =  |                       | / 50 =                         |  | X   | (\$ 125 =                 |                        |     | X \$ 250 =                            |                        |
| тот  | AL CHARGEAE                                    | BLE CLAIMS                                | 4 mins   | us 20 =               | *                              |  |     | X \$ 25 =                 |                        | OR. | X \$ 50 =                             |                        |
| INDE   | EPENDENT CL                                    | AIMS                                      | / mir  | nus 3 =               | *                              |  |     | (\$ 100 =                 |                        | OR  | X \$ 200 =                            |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                       |                                |  |     | - \$ 180 <b>=</b>         |                        | OR. | + \$ 360 =                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                       |                                |  | -   | TOTAL                     |                        | OR  | TOTAL                                 | 900                    |
| A  | (Column 1)  CLAIMS  REMAINING  AFTER           |   | Colum<br>(Colum<br>HIGHI<br>NUME<br>PREVIO                           |                       | mn 2)<br>IEST<br>IBER<br>OUSLY | 1 2) (Column 3) ST ER PRESENT ISLY EXTRA |     | SMALL E                   | ADDI-<br>TIONAL<br>FEE | OR  | OTHER SMALL E                         |                        |
| AMENDMENT A  | Total  | *   | Minus  | PAID                  | FOR                            |  |     | X \$ 25 =                 | FEE                    | OR  | X \$ 50 =                             | CCE                    |
| END  |  | <u> </u>                                  | IVIIIUS  | ***                   |                                | <u>-</u>                                 | -   |                           |                        |     | <b> </b>                              |                        |
| AM   | Independent                                    | <u> </u>                                  | Willius  |                       |                                |  |     | (\$ 100 =                 |                        | OR  | X \$ 200 =                            |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                       |                                |  |     | + \$ 180 =<br>)TAL ADDIT. | ļ                      | OR  | + \$ 360 =                            |                        |
|  |  |   |  |                       |                                |  |     | FEE .                     | · ·                    | OR  | FEE                                   | L                      |
|  |  | (Column 1)                                |  | (Colu                 | mn 21                          | (Column 3)                               |     |                           |                        |     |                                       |                        |
| мт в   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA                         |     | RATE                      | ADDI-<br>TIONAL<br>FEE |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus  | **                    |                                | =  |     | X \$ 25 =                 |                        | OR: | X \$ 50 =                             |                        |
| AMENDMENT  | Independent                                    | *   | Minus  | ***                   |                                | =  | ×   | (\$100 =                  |                        | ÓR  | X \$ 200 =                            |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                       |                                |  | -   | + \$ 180 =                |                        | OŖ  | + \$ 360 =                            |                        |
|  |  | TC  | OTAL ADDIT.<br>FEE   |                       | OR                             | TOTAL ADDIT.<br>FEE                      |     |                           |                        |     |                                       |                        |
|  |  | . •                                       |  | ٠                     |                                |  |     | · <del></del>             |                        | -   |                                       |                        |
|  |  |   | •  |                       |                                | •  | •   | ٠                         |                        |     |                                       | •                      |
| *  |  | umn 1 is less than thumber Previously Pa  |  |                       |                                |  |     |                           |                        |     |                                       |                        |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.